

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT of INDIANA

CIVIL ACTION NO. 1:22-cv-01217-SEB-DML

JOEY KIMBROUGH,

Plaintiff,

v.

SNAP-ON CREDIT LLC;

EXPERIAN INFORMATION  
SOLUTIONS, INC;

EQUIFAX INFORMATION  
SERVICES LLC

Defendants.

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**AFFIDAVIT OF SERVICE**

**DEFENDANT:**

EXPERIAN INFORMATION SOLUTIONS, INC.  
c/o its registered agent CT CORPORATION SYSTEM  
334 North Senate Avenue  
Indianapolis, IN 46204

I, Lisa Kimbrough, being over the age of eighteen, NOT a party to this cause, and competent to testify as to the matters asserted herein. I certify that on 6/23/2022 a copy of the Summons and Complaint were sent to the Defendant listed above via USPS Certified Mail with Signature Required.

DOCUMENT TYPE: Summons and Complaint from JOEY KIMBROUGH

CORPORATE SERVICE TO: EXPERIAN INFORMATION SOLUTIONS, INC.

SIGNED AND RECEIVED BY: "illegible signature"

DATE RECEIVED AND SIGNED: 6/28/22


*Certified Mail Receipt and Signature Card enclosed as "Exhibit A"*

I SWEAR UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING  
REPRESENTATIONS ARE TRUE.

DATED: 7/1/22

SIGNATURE OF AFFIANT: Joey Kimbrough

Exhibit A

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> |  | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |
| To: Addressed to:<br>Experian Information Solutions, Inc.<br>90 its registered agent<br>CT Corporation System<br>334 North Senate Avenue<br>Indianapolis, IN 46204   |  |  |  |
| <br>9590 9402 7265 1284 0752 50   |  |  |  |
| 2. Article Number (Transfer from service label)<br>7021 0950 0001 4169 8522  |  | 3. Service Type <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery |  |
| PS Form 3811, July 2020 PSN 7530-02-000-9053   |  | Domestic Return Receipt  |  |

7021 0950 0001 4169 8522

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Indiana, IN 46204

**OFFICIAL USE**

|  |        |      |
|--|--------|------|
| Certified Mail Fee   | \$3.75 | 0738 |
| Extra Services & Fees (check box, add fee as appropriate)    | \$3.05 | 54   |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$2.00 |      |
| <input type="checkbox"/> Return Receipt (electronic)         | \$0.00 |      |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$0.00 |      |
| <input checked="" type="checkbox"/> Adult Signature Required | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |      |
| Postage  | \$2.36 |      |
| Total Postage and Fees                                       | \$9.16 |      |

Postmark Here  
JUN 23 2022 06/23/2022

Sent To  
Experian Information Solutions, Inc. 90 its registered agent  
CT Corporation System  
334 North Senate Avenue  
City, State, ZIP+4®  
Indianapolis, IN 46204

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**BUSINESS INFORMATION**  
HOLLI SULLIVAN  
INDIANA SECRETARY OF STATE  
07/01/2022 12:40 PM

#### Business Details

Business Name: **EXPERIAN INFORMATION SOLUTIONS, INC.** Business ID: **1996091479**  
Entity Type: **Foreign For-Profit Corporation** Business Status: **Active**  
Creation Date: **09/30/1996** Inactive Date:  
Principal Office Address: **475 ANTON BOULEVARD, COSTA MESA, CA, 92626, USA** Expiration Date: **Perpetual**  
Jurisdiction of Formation: **Ohio** Business Entity Report Due Date: **09/30/2022**  
Original Formation Date: **02/18/1992** Years Due:

#### Governing Person Information

| Title               | Name             | Address   |
|---------------------|------------------|---|
| Secretary           | Jason Engel      | 475 Anton Boulevard, COSTA MESA, CA, 92626, USA |
| Vice President      | Tony Reeves      | 475 Anton Boulevard, Costa Mesa, CA, 92626, USA |
| Director            | Darryl Gibson    | 475 Anton Boulevard, Costa Mesa, CA, 92626, USA |
| Director            | Craig Boundy     | 475 Anton Boulevard, Costa Mesa, CA, 92626, USA |
| Director            | Kerry Williams   | 475 Anton Boulevard, Costa Mesa, CA, 92626, USA |
| Assistant Treasurer | Maryam Damavandi | 475 Anton Blvd., Costa Mesa, CA, 92626, USA     |

#### Registered Agent Information

Type: **Business Commercial Registered Agent**  
Name: **C T CORPORATION SYSTEM**  
Address: **334 North Senate Avenue, Indianapolis, IN, 46204, USA**



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT of INDIANA

CIVIL ACTION NO. 1:22-cv-01217-SEB-DML

JOEY KIMBROUGH,

Plaintiff,

v.

SNAP-ON CREDIT LLC;

EXPERIAN INFORMATION  
SOLUTIONS, INC;

EQUIFAX INFORMATION  
SERVICES LLC

Defendants.

---

**AFFIDAVIT OF SERVICE**

**DEFENDANT:**

EQUIFAX INFORMATION SERVICES, LLC  
c/o its registered agent CORPORATION SERVICE COMPANY  
135 N. Pennsylvania Street, Suite 1610  
Indianapolis, IN 46204

I, Lisa Kimbrough, being over the age of eighteen, NOT a party to this cause, and competent to testify as to the matters asserted herein. I certify that on 6/23/2022 a copy of the Summons and Complaint were sent to the Defendant listed above via USPS Certified Mail with Signature Required.

DOCUMENT TYPE: Summons and Complaint from JOEY KIMBROUGH

CORPORATE SERVICE TO: EQUIFAX INFORMATION SERVICES, LLC

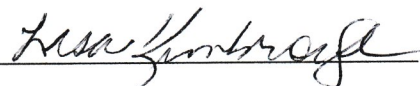
SIGNED AND RECEIVED BY: "MARY COLEMAN"

DATE RECEIVED AND SIGNED: 6/27/22

***Certified Mail Receipt and Signature Card enclosed as "Exhibit A"***

I SWEAR UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING  
REPRESENTATIONS ARE TRUE.

DATED: 7/1/22

SIGNATURE OF AFFIANT: 

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>                  | <p>A. Signature <u>Mary Colena</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Mary Colena</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>                     If YES, enter delivery address below:</p>   |
| <p>1. Article Addressed to:</p> <p><u>Equifax Information Services, LLC</u><br/> <u>do its registered agent</u><br/> <u>Corporation Service Company</u><br/> <u>135 North Pennsylvania St, Suite 1610</u><br/> <u>Indianapolis, IN 46204</u></p> <p>9590 9402 7265 1284 0752 43</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p><u>7021 0950 0001 4169 8515</u></p>   | <p>Restricted Delivery</p>  |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>   |   |

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Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☒ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$2.36

Total Postage and Fees \$9.16

Sent To Equifax Information Services, LLC do its registered agent  
135 North Pennsylvania St., Suite 1610  
Indianapolis, IN 46204

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here  
 JUN 23 2022  
 06/23/2022

**BUSINESS INFORMATION**  
HOLLI SULLIVAN  
INDIANA SECRETARY OF STATE  
07/01/2022 12:39 PM

#### Business Details

Business Name: **EQUIFAX INFORMATION SERVICES LLC** Business ID: **2001060600005**  
Entity Type: **Foreign Limited Liability Company** Business Status: **Active**  
Creation Date: **06/05/2001** Inactive Date:  
Principal Office Address: **1550 PEACHTREE STREET, NW, H-46, ATLANTA, GA, 30309, USA** Expiration Date: **Perpetual**  
Jurisdiction of Formation: **Georgia** Business Entity Report Due Date: **06/30/2023**  
Original Formation Date: **06/04/2001** Years Due:

#### Governing Person Information

| Title               | Name                  | Address   |
|---------------------|-----------------------|---|
| President           | Lisa Stockard         | 1550 Peachtree Street, NW, Atlanta, GA, 30309, USA  |
| Treasurer           | Michael Gabe Bonfield | 1550 PEACHTREE STREET, NW,, Atlanta, GA, 30309, USA |
| Manager             | Lisa Stockard         | 1550 PEACHTREE STREET, NW, Atlanta, GA, 30309, USA  |
| Vice President      | Traci HornFeck        | 1550 PEACHTREE STREET, NW, Atlanta, GA, 30309, USA  |
| Assistant Secretary | Lillian Juhazs        | 1550 PEAXHTREE STREET. NW, Atlanta, GA, 30309, USA  |

#### Registered Agent Information

Type: **Business Commercial Registered Agent**  
Name: **CORPORATION SERVICE COMPANY**  
Address: **135 North Pennsylvania Street, Suite 1610, Indianapolis, IN, 46204, USA**



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT of INDIANA

CIVIL ACTION NO. 1:22-cv-01217-SEB-DML

JOEY KIMBROUGH,

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SNAP-ON CREDIT LLC;

EXPERIAN INFORMATION  
SOLUTIONS, INC;

EQUIFAX INFORMATION  
SERVICES LLC

Defendants.

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**AFFIDAVIT OF SERVICE**

**DEFENDANT:**

SNAP-ON CREDIT LLC  
950 Technology Way, Suite 301  
Libertyville, Il. 60048

I, Lisa Kimbrough, being over the age of eighteen, NOT a party to this cause, and competent to testify as to the matters asserted herein. I certify that on 6/23/2022 a copy of the Summons and Complaint were sent to the Defendant listed above via USPS Certified Mail with Signature Required.

DOCUMENT TYPE: Summons and Complaint from JOEY KIMBROUGH

CORPORATE SERVICE TO: SNAP-ON CREDIT LLC

SIGNED AND RECEIVED BY: "C. FINERTY"

DATE RECEIVED AND SIGNED: 6/27/22

*Certified Mail Receipt and Signature Card enclosed as "Exhibit A"*

I SWEAR UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING  
REPRESENTATIONS ARE TRUE.

DATED: 7/1/22

SIGNATURE OF AFFIANT: Lisa Kimbrough

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature<br/> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>   |
| <p>1. Article Addressed to:<br/>           Snap On Credit LLC<br/>           950 Technology Way, Suite 301<br/>           Libertyville, IL 60048</p>  | <p>B. Received by (Printed Name)<br/>           C. Date of Delivery</p>  |
| <p>2. Article Number (Transfer from service label)<br/>           7021 0950 0001 4169 8539</p>  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>   |
| <p>Barcode: 9590 9402 7265 1284 0752 67</p>   | <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery<br/> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>   |  |

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Libertyville, IL 60048

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Extra Services & Fees (check box, add fee as appropriate)

|  |        |
|--|--------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic)         | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$0.00 |
| <input checked="" type="checkbox"/> Adult Signature Required | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |

Postage \$2.36

Total Postage and Fees \$9.16

Sent To Snap On Credit LLC

Street and Apt. No. or PO Box No. 950 Technology Way, Suite 301

City, State, ZIP+4® Libertyville, IL 60048

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here  
 JUN 23 2022  
 06/23/2022

KOKOMO IN 46902

**BUSINESS INFORMATION**  
HOLLI SULLIVAN  
INDIANA SECRETARY OF STATE  
07/01/2022 12:42 PM

#### Business Details

|                            |   |                                  |                   |
|----------------------------|---|----------------------------------|-------------------|
| Business Name:             | <b>SNAP-ON CREDIT LLC</b>   | Business ID:                     | <b>1999030221</b> |
| Entity Type:               | <b>Foreign Limited Liability Company</b>                              | Business Status:                 | <b>Active</b>     |
| Creation Date:             | <b>03/03/1999</b>   | Inactive Date:                   |                   |
| Principal Office Address:  | <b>950 TECHNOLOGY WAY, STE. 301,<br/>LIBERTYVILLE, IL, 60048, USA</b> | Expiration Date:                 | <b>Perpetual</b>  |
| Jurisdiction of Formation: | <b>Delaware</b>   | Business Entity Report Due Date: | <b>03/31/2023</b> |
| Original Formation Date:   | <b>10/26/1998</b>   | Years Due:                       |                   |

#### Governing Person Information

| Title   | Name              | Address  |
|---------|-------------------|--|
| Manager | Joseph Burger     | 950 Technology Way, Ste. 301, Libertyville, IL, 60048, USA |
| Manager | Jeffrey Kostrzewa | 950 Technology Way, Ste. 301, Libertyville, IL, 60048, USA |

#### Registered Agent Information

Type: **Business Commercial Registered Agent**  
Name: **C T CORPORATION SYSTEM**  
Address: **334 North Senate Avenue, Indianapolis, IN, 46204, USA**